## UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

In re:

Case No.

Bailey, Robert & Brenda

Debtor(s)

## STATEMENT UNDER PENALTY OF PERJURY RE: PAYMENT ADVICES DUE PURSUANT TO 11 U.S.C. SEC. 521(a)(1)(B)(iv)

Debtor has not filed copies of payment advices or other evidence of payment received within 60 day before the date of the filing of the petition from any employer because:  Debtor was not employed during the 60 days preceding the filing of the petition.  Debtor was employed for only a portion of the 60 days preceding the filing of the petition.  Please specify period during which debtor was unemployed.  Debtor was self-employed during the 60 days preceding the filing of the petition.  Debtor received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or  Other (please explain):  I declare under penalty of perjury that I have read this Statement, and it is true to the best of my knowledge, information and belief.  Signature of Debtor:  ***********************************
Debtor was employed for only a portion of the 60 days preceding the filing of the petition.  Please specify period during which debtor was unemployed.  Debtor was self-employed during the 60 days preceding the filing of the petition.  Debtor received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or  Other (please explain):  I declare under penalty of perjury that I have read this Statement, and it is true to the best of my knowledge, information and belief.  Signature of Debtor:  ***********************************
Please specify period during which debtor was unemployed.  Debtor was self-employed during the 60 days preceding the filing of the petition.  Debtor received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or  Other (please explain):  I declare under penalty of perjury that I have read this Statement, and it is true to the best of my knowledge, information and belief.  Signature of Debtor:  Date:  Joint debtor has attached to this statement copies of all payment advices or other evidences of payment received within 60 days before the date of the filing of the petition from any employer.  Joint Debtor has not filed copies of payment advices or other evidence of payment received
Debtor received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or  Other (please explain):  I declare under penalty of perjury that I have read this Statement, and it is true to the best of my knowledge, information and belief.  Signature of Debtor:  Date:  ***********************************
retirement income during the 60 days preceding the filing of the petition; or  Other (please explain):  I declare under penalty of perjury that I have read this Statement, and it is true to the best of my knowledge, information and belief.  Signature of Debtor:  ***********************************
I declare under penalty of perjury that I have read this Statement, and it is true to the best of my knowledge, information and belief.  Signature of Debtor:  ***********************************
knowledge, information and belief.  Signature of Debtor:  ***********************************
Joint debtor has attached to this statement copies of all payment advices or other evidences of payment received within 60 days before the date of the filing of the petition from any employer.  Joint Debtor has not filed copies of payment advices or other evidence of payment received
within 60 days before the date of the finig of the petition from any employer because.
Joint Debtor was not employed during the 60 days preceding the filing of the petition.
Joint Debtor was employed for only a portion of the 60 days preceding the filing of the petition. Please specify period during which debtor was unemployed.
Joint Debtor was self-employed during the 60 days preceding the filing of the petition.
Joint Debtor received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition.
Other (please explain):
I declare under penalty of perjury that I have read this Statement, and it is true to the best of my knowledge, information and belief.
Signature of Joint Debtor: Brenda Hailly Date: 8/5/13

PERSONAL AND CHECK	K INFORMATIO	)N	EARNINGS	N.A.				•	4 4 - C - C - C
BRENDA J BAILEY 620 E. 24TH STREET MINNEAPOLIS, MN 55404				DESCRIPTION	HRS/ UNITS	RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (\$)
Soc Sec #: XXX-XX-XXXX Hire Date: 03/05/90 Status: Filing Status: Federal: Married, 0 State: MN, Married, 0 Div/Br/Dept: 150D/100/93	Employee ID: 2 Rehire Date: 03			REGULAR EARNING HOLIDAY VACATION MED125 MEDFLEX EE403B ER403B MATCH - M	80.00	37.5209	-346.68 -20.00 -250.00 10.00	696.00 40.00 64.00	26114.56 1500.84 2401.34 -3974.76 -260.00 -2500.00 100.00
				HOURS WORKED	80.00			696.00	
Pay Period: 04/20/13 to 05/		_		ADJ EARNINGS			2385.00		23341.98
Check Date: 05/17/13	Check #: Direc	t Deposit		GROSS EARNINGS	80.00		3001.68	800.00	30016.74
TIME OFF (Based On Polic	y Year)	-							
DESCRIPTION	UNITS		DEDUCTIONS	DESCRIPTION			CURRENT (\$)		YTD (\$)
VACATION F - Available	136.615 HOU	RS		AFLAC DEDUCTION			45.84		458.40
MEDICAL LE - Available	1440.000 HOU	RS		DENTAL DED POST			42.62		426.20
NET PAY ALLOCATION	IS			UNITED WAY			10.00		100.00
CHECKING 1	CURRENT (\$) 1181.42	<i>YTD (\$)</i> 11457.06		TOTAL			98.46		984.60
SAVINGS1 Net Pay	<u>500.00</u> <b>1681.42</b>	5000.00 16457.06	WITHHOLDINGS	DESCRIPTION			CURRENT (\$)		YTD (\$)
				FEDERAL W/H			275.54		2679.20
				OASDI			163.37		1602.22
				MEDICARE			38.21		374.74
				STATE W/H MN			128.00		1244.16
				TOTAL			605.12		5900.32

NET PAY	CURRENT (\$)	YTD (\$)
The Committee of the Co	1681.42	16457.06

Payrolls by Paychex, Inc.

0456-G355 MODEL CITIES OF ST PAUL INC ■

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PERSONAL AND CHECK 3RENDA J BAILEY 326 E. 24TH STREET MINNEAPOLIS, MN 55404	K INFORMATIC	N	EARNINGS	DESCRIPTION	HRS/ UNITS	RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (\$)
Soc Sec #: XXX-XX-XXXX lire Date: 03/05/90 Status: filing Status: federal: Married, 0 State: MN, Married, 0 Div/Br/Dept: 150D/100/93	Employee ID: 2 Rehire Date: 03			REGULAR EARNING HOLIDAY SICK VACATION MED125 MEDFLEX EE403B ER403B MATCH - M	72.00 8.00	37.5209 37.5209	2701.50 300.17 -346.68 -20.00 -250.00 10.00	832.00 48.00 16.00 64.00	31217.40 1801.01 600.33 2401.34 -4321.44 -220.00 -2750.00 110.00
Pay Period: 05/18/13 to 05/ Check Date: 06/14/13 FIME OFF (Based On Policy	Check #: Direct	Deposit		HOURS WORKED ADJ EARNINGS GROSS EARNINGS	72.00 80.00		2384.99 3001.67	832.00 960.00	28728.64 36020.08
DESCRIPTION /ACATION F - Available MEDICAL LE - Available NET PAY ALLOCATION: DESCRIPTION CHECKING 1 SAVINGS1 let Pay	UNITS 161.231 HOUF 1438.769 HOUF S  CURRENT (S) 1181.41 500.00 1681.41		DEDUCTIONS	DESCRIPTION  AFLAC DEDUCTION DENTAL DED POST UNITED WAY  TOTAL  DESCRIPTION			CURRENT (\$)  45.84 42.62 10.00 98.46  CURRENT (\$)		YTD (\$)  550.08 468.82 110.00  1128.90  YTD (\$)
				FEDERAL W/H OASDI MEDICARE STATE W/H MN TOTAL			275.54 163.37 38.21 128.00 605.12		3322.78 1951.69 456.47 1543.63 7274.57

NET PAY	CURRENT (\$)	YTD (\$)
	1681.41	20325.17

Payrolls by Paychex, inc.

456-G355 MODEL CITIES OF ST PAUL INC ■

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'ERSONAL AND CHEC RENDA J BAILEY	K INFORMAT	ION	EARNINGS						
20 E. 24TH STREET IINNEAPOLIS, MN 55404				DESCRIPTION	HRS/ UNITS	RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (S)
oc Sec #: XXX-XX-XXXX ire Date: 03/05/90 tatus:	Employee ID: Rehire Date:			REGULAR EARNING HOLIDAY SICK	78.00	37.5209	2926.63	910.00 48.00 16.00	34144.03 1801.01 600.33
iling Status: ederal: Married, 0 tate: MN, Married, 0 iv/Br/Dept: 150D/100/93				VACATION MED125 MEDFLEX EE403B ER403B MATCH - M	2.00	37.5209	75.04 -346.68 -20.00 -250.00 10.00	66.00	2476.38 -4668.12 -240.00 -3000.00 120.00
ay Period: 06/01/13 to 06/ heck Date: 06/28/13	Check #: Dire	ct Deposit		HOURS WORKED ADJ EARNINGS	78.00			910.00	
IME OFF (Based On Polic)	v Year)			GROSS EARNINGS	80.00		2384.99 3001.67	1040.00	31113.63 39021.75
ESCRIPTION  ACATION F - Available  EDICAL LE - Available	UNITS 171.538 HOL		DEDUCTIONS	DESCRIPTION			CURRENT (\$)		YTD (\$)
ET PAY ALLOCATION:	1440.000 HOL <b>S</b>	JRS		AFLAC DEDUCTION DENTAL DED POST			45.84 42.62		595.92
ESCRIPTION C	CURRENT (S)	YTD (\$)		UNITED WAY			10.00		511.44 120.00
AVINGS1 et Pay	1181.41 500.00 1681.41	15506.58 6500.00		TOTAL			98.46		1227.36
· -,	1001,41	22006.58	WITHHOLDINGS	DESCRIPTION			CURRENT (\$)		YTD (\$)
				FEDERAL WIH OASDI MEDICARE STATE WIH MN			275.54 163.37 38.21 128.00		3598.32 2115.06 494.68 1671.63
				TOTAL			605.12		7879.69

NET PAY	CURRENT (\$)	YTD (\$)
	1681.41	22006.58

PERSONAL AND CHECK INFORMATION 3RENDA J BAILEY 320 E. 24TH STREET 4INNEAPOLIS, MN 55404	EARNINGS	DESCRIPTION	HRS/ UNITS	RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (\$)
Soc Sec #: XXX-XX-XXXX Employee ID: 2 dire Date: 03/05/90 Rehire Date: 03/05/9 Status: Filing Status:		REGULAR EARNING HOLIDAY SICK VACATION	72.00 8.00	37.5209 37.5209	2701.50 300.17	982.00 48.00 16.00 74.00	36845.53 1801.01 600.33 2776.55
Federal: Married, 0 State: MN. Married, 0 Div/Br/Dept: 150D/100/93		MED125 MEDFLEX EE403B ER403B MATCH - M			-346.68 -20.00 -250.00 10.00		-5014.80 -260.00 -3250.00 130.00
Pay Period: 06/15/13 to 06/28/13  Check Date: 07/12/13  Check #: Direct Depo		HOURS WORKED	72.00			982.00	
TIME OFF (Based On Policy Year)		ADJ EARNINGS GROSS EARNINGS	80.00		2384.99 3001.67	1120.00	33498.62 42023.42
DESCRIPTION UNITS /ACATION F - Available 175.846 HOURS	DEDUCTIONS	DESCRIPTION			CURRENT (\$)		YTD (\$)
MEDICAL LE - Available 1440.000 HOURS NET PAY ALLOCATIONS		AFLAC DEDUCTION DENTAL DED POST			45.84 42.62		641.76 554.06
DESCRIPTION CURRENT (S) Y	D (S)	UNITED WAY			10.00		130.00
3AVINGS1 <u>500.00</u> 70	7.99 <u>0.00</u>	TOTAL			98.46		1325.82
Net Pay 1681.41 236	7.99 WITHHOLDINGS	DESCRIPTION			CURRENT (\$)		YTD (S)
		FEDERAL W/H OASDI			275.54 163.37		3873.86 2278.43
		MEDICARE			38.21		532.89
		STATE W/H MN			128.00		1799.63
		TOTAL			605.12		8484.81

NET PAY	CURRENT (\$)	YTD (\$)
NETFAI	1681.41	23687.99

Payrolls by Paychex, inc.

1456-G355 MODEL CITIES OF ST PAUL INC ■

FERSUNAL AND CHECK INFO	RMATION	EARNINGS						
620 E. 24TH STREET MINNEAPOLIS, MN 55404			DESCRIPTION	HRS/ UNITS	RATE	CURRENT (\$)	YTD HRS/ UNITS	YTD (S)
Status: Filing Status: Federal: Married, 0 State: MN, Married, 0 Div/Br/Dept: 150D/100/93	/ee ID: 2 Date: 03/05/90		REGULAR EARNING HOLIDAY SICK VACATION MED125 MEDFLEX EE403B ER403B MATCH - M	8.00 72.00	37.5209 37.5209	300.17 2701.50 -346.68 -20.00 -250.00 10.00	982.00 56.00 16.00 146.00	36845.53 2101.18 600.33 5478.05 -5361.48 -280.00 -3500.00 140.00
TIME OFF (Based On Policy Year)	f: Direct Deposit		HOURS WORKED ADJ EARNINGS GROSS EARNINGS	80.00		2384.99 3001.67	982.00 1200.00	35883.61 45025.09
/ACATION F - Available 116.15	HOURS	DEDUCTIONS	DESCRIPTION			CURRENT (\$)		YTD (\$)
DESCRIPTION CURRENT CHECKING 1 1181 CAVINGS1 500	(S) YTD (S) 41 17869.40 00 7500.00		AFLAC DEDUCTION DENTAL DED POST UNITED WAY TOTAL			45.84 42.62 10.00 98.46		687.60 596.68 140.00
1681	41 25369.40	WITHHOLDINGS	DESCRIPTION			CURRENT (\$)		YTD (\$)
		^	FEDERAL WIH OASDI MEDICARE STATE WIH MN TOTAL			275.54 163.37 38.21 128.00		4149.40 2441.80 571.10 1927.63

NET PAY	CURRENT (\$)	YTD (\$)
	1681.41	25369.40